Empowering Families

Caring for a child at home who has a disability is a major responsibility.

Family caregivers can get caught in a trap of frustration. They routinely provide at least two-thirds of all of the home care services in the United States, often without the assistance of other family members or friends.

The Tennessee Respite Network (TRN) is a statewide respite information and referral service for families of children with special needs. A program of Tennessee Voices for Children, it is funded by the Department of Mental Health and Developmental Disabilities.

"Respite is a short-term period of relief from the constant responsibilities of caring for individuals with special needs," said Katie Merwin, project coordinator. "Caregivers need a chance to do things for themselves and by themselves."

According to Merwin, the network strives to increase the accessibility and availability of respite services for families who have children with disabilities under the age of 19. TRN also works to expand the pool of trained respite providers across the state.

Linking callers with existing respite services in their area, TRN utilizes a computer referral database. If no respite care is available in the caller's region, then the network can help callers select their own respite provider along with sources for financial assistance. AdvoCare can make limited subsidies to pay for respite services available to approved families whose children have a serious emotional disturbance.

Callers may also receive referrals to agencies that provide summer camps, childcare, after-school care and emergency placement for children with special needs.

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Respite benefits both the parents and children. Parents receive time to run errands, spend quality time with other siblings or spend time with friends. Children meet new friends, enjoy recreational activities and explore new experiences.

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The idea for the current Respite Network and respite provider training curriculum came from the Tennessee Respite Coalition, a group composed of people from different agencies who struggled to find the services. The coalition reinforces the idea that respite care is not a luxury, but a necessity for families.

Without this relief, parents or caregivers may experience burnout and reach a point of desperation. They may begin to search for an out-of-home placement.

The respite network's focus centers on providing respite information and referral services and on conducting limited respite provider training workshops across the state.

TRN's continued goal is to expand the pool of trained respite providers, as well as to secure funding for training and to assist families to pay for respite care.

All calls to the Tennessee Respite Network are kept strictly confidential. For a referral or information, call 1-888-269-7855 toll free or 615-269-7588 in the Nashville area.

Lending a Helping Hand

TRN provides respite care to many families - under many conditions. Sherry Jackson, a single mother of three, is one such recipient. All of her children are autistic. "I love them with all my heart," Jackson said. "TRN has helped."

Pictures (from top left):

- Weslie Stewart prepares to set up camp in his living room while playing with Katie Merwin.
- Jackson shares a playful moment with her son, Leslie Stewart.
- Jackson's daughter, Ariel Wright, shows Merwin how she makes her favorite snack - a peanut butter and jelly sandwich.

The Name of the Game is Behaving

In 1969, when Nashville educators decided to launch a program for preschool children with behavior problems; the concept of using parents as the primary teachers was revolutionary.

Since then, the success of the Regional Intervention Program (RIP) during the past 33 years demonstrates the strength of that initial idea.

RIP is a parent-implemented early childhood intervention program for preschool children with severe behavior problems.

All families of preschool children with behavioral problems are welcomed at RIP. While the majority of these children are more typical in their general development, many also have diagnoses including retardation, autism, developmental delays or a combination of disorders.

What makes RIP different is that parents are required to undergo training so they can help not only their own child, but other children learn new behaviors.

"They run the classrooms and lead work groups," explained Kate Driskill Kanies, RIP coordinator. "They essentially operate almost every aspect of the program. RIP works because parents are modeling good behavior after other parents' good behavior."

A small staff of trained RIP professionals lends support to the parent-teachers.

Physicians, social service agencies, childcare providers or other families often make referrals.

The RIP model focuses on positive reinforcement for good behavior, instead of punishment for bad behavior. Parents quickly discover that positive reinforcement and consistency can alter behaviors they thought were impossible to change.

"Families succeed here," said Danny Wheeler, a RIP resource staff member. "RIP puts things in a manageable perspective."

By signing up for the RIP program, parents make a commitment not only to learn new skills to train their own child, but also to consolidate their learning and pay back the program by teaching those skills to other parents.

Because the average length of treatment is 26 weeks (families attend twice weekly for two hours each session), a tremendous commitment of time and energy is required.

During the second treatment phase parents concentrate on training new parents, observing individual therapeutic sessions, offering feedback, recording data and managing classroom activities.

"Having parents actually run the program makes RIP extremely cost-effective," Kanies said.

RIP was born at the John F. Kennedy Center at George Peabody College for Teachers in Nashville. The Nashville program is headquartered at the Children and Youth Programs of Middle Tennessee Mental Health Institute, and funded by the DMHDD.

From Left to Right: Barbara Yarbrough, RIP case manager, assists Dylan Cole with his art project.

Gary Williams, a RIP/AmeriCorps member, encourages Aradia Nicholson to complete her puzzle.

Kim Morris, a RIP classroom coordinator, asks Demarco Jackson why he's "off-task" during a class project.

Trey Taylor and Isaac Webster play in one of the classroom centers.

Ethan Rust works on developing fine motor skills as he puts together a puzzle.

In 1974, the Tennessee General Assembly recognized RIP's promise and voted to expand the program.

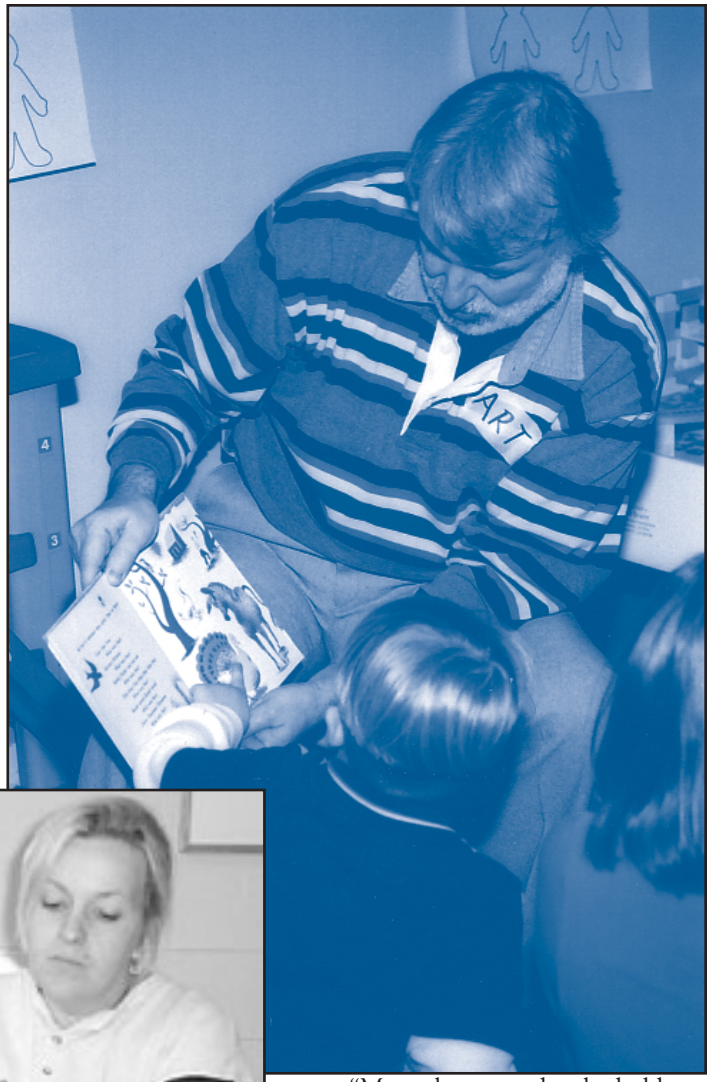
Currently, 15 RIP expansion sites are in operation across the state. This includes the new site in Dickson, Tenn.

The programs are funded by the Department of Mental Health and Developmental Disabilities, through grants to community mental health agencies.

From the beginning, RIP attracted attention. In 1972, the U.S. Department of Health, Education and Welfare chose RIP as one of three exemplary programs using parents in the remediation of behavior disorders.

In 1978, RIP was one of three U.S. recipients of the Gold Award of the American Psychiatric Association, for contributions to mental health. RIP has also been featured on ABC and CBS television programs in recent years.

In 2001, RIP received the Innovative Program of the Year Award from CHADD (Children and Adults with Attention–Deficit/Hyperactivity Disorder).



"Most classes used to be held during the morning hours, but now we have lengthy waiting lists because parents need more evening program hours," Kanies explained.

In response to concerns from childcare operators, RIP program managers also added a social skills component, teaching children how to share space and interact with others safely.

"We're seeing more stresses on families today," Kanies explained. "That's why we keep evolving."

For more information or a list of RIP locations, contact Kate Driskill Kanies, RIP Coordinator, at (615) 963-1177 or Louise Barnes, Ph.D. at (615) 532-6727.

The Nashville RIP headquarters houses an AmeriCorps grant (the RIP/AmeriCorps Partnership) with RIP-trained members located at most RIP expansion sites statewide. These members provide support to "at-risk" children in program, home and community settings.

The RIP model has been so successful it is now being used in approximately 17 locations in the United States.

RIP's directors aren't resting on their laurels. They're continuing to refine the program to meet the changing needs of today's families.

The first published report from an extensive follow-up study of families served by Regional Intervention Program (RIP) sites in Tennessee appeared in the most recent edition of Behavioral Disorders.

Co-authors and co-principal investigators of the six-year study (1997-2003) being funded by the U.S. Department of Education are Dr. Phillip S. Strain, University of Colorado at Denver, and Dr. Matt Timm, Tennessee Voices for Children and Director Emeritus, Regional Intervention Program.

Entitled "Remediation and Prevention of Aggression: An Evaluation of the Regional Intervention Program Over a Quarter Century," the article described results from in-depth interviews, standardized instruments, questionnaires, and direct behavioral observations involving 172 families that had completed RIP programs in Nashville, Columbia, Murfreesboro, Franklin, and Knoxville during the period from 1969 to 2000.

Major findings included:

a) the initial RIP intervention experience yields predictable and replicable outcomes for adults and children;

b) outcomes for children and adult clients maintain for periods ranging from 3 to 9 years, based on direct observational assessments in school and home settings;

c) these intermediate follow-up results are strongly influenced by early enrollment in the program, with children who began at the earliest ages experiencing more favorable outcomes;

d) the 3- to 9-year follow-up results for home-based observations are replicable across clients who received treatment from an entirely different intervention staff;

e) adolescent and adult outcomes indicate long-term maintenance of intervention gains;

f) former adult consumers consider RIP intervention strategies to be highly acceptable.

Left: Gloria Westbrook, resource consultant, reviews RIP policy and procedures with, new parent, Regina Nicholson.

Center: Art Flatt, a parent completing "payback days," reads a story to the children.

Right: Janet Butler, a classroom consultant, and Gary Williams, a RIP/AmeriCorps member talk with the children during a snack break.